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Bib Data Sheet

CONFIRMATION NO. 4126

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|---|---|-------------------------------|---|---|
| SERIAL NUMBER 09/995,911 | FILING DATE 11/28/2001 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 017620-9335 |
| APPLICANTS Richard B. Mazess, Madison, WI; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/891,814 06/26/2001 WHICH IS A CIP OF 09/596,149 02/23/1998 WHICH IS A DIV OF 08/781,910 12/30/1996 PAT 5,763,429 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/28/2001 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | STATE OR COUNTRY WI | SHEETS DRAWING 0 | TOTAL CLAIMS 53 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS 23510 | | | | |
| TITLE Treatment of hyperproliferative diseases using active vitamin D analogues | | | | |
| FILING FEE RECEIVED 816 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |